MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01623CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR HOWARD ANDREW **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER | YEAR last birthdoy) HOURS October 9, 1894 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland \subseteq USA WIDOWED X DIVORCED [filled Ji. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired INPUSTRY Retired Fireman - Canning Factory give street oddress) pan and in any event, wit campletely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) a Stall and 13b. Caroline YES X NO 🗌 Federalsburg Railroad Avenue 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Lost and Arthur John Andrew Sarah Catherine Jester physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes po, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, 218-01-0798 Arthur L. Andrew, Hurlock, Maryland attending property of the 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which gove) the signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the Health priar ta has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year be retained by the haspital HOUR A.M. be detached for State Dept. af H (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County Stote City or Town While Not while of work 22a. I certify that (1) (this haspital) extended the eleceased framsaw the deceased alive on A , and that in (my) (our) opinian death accurred on the dote and hour and fram the director, page 3 should should be filed with the couses stoted above, (1)/(w/) tild) and not view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) Jan. 18. 1968 Hill Crest Cemetery Federalsburg Mary ADDRESS FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Federalsburg Maryland DATE JAN 30M REV. 1/68

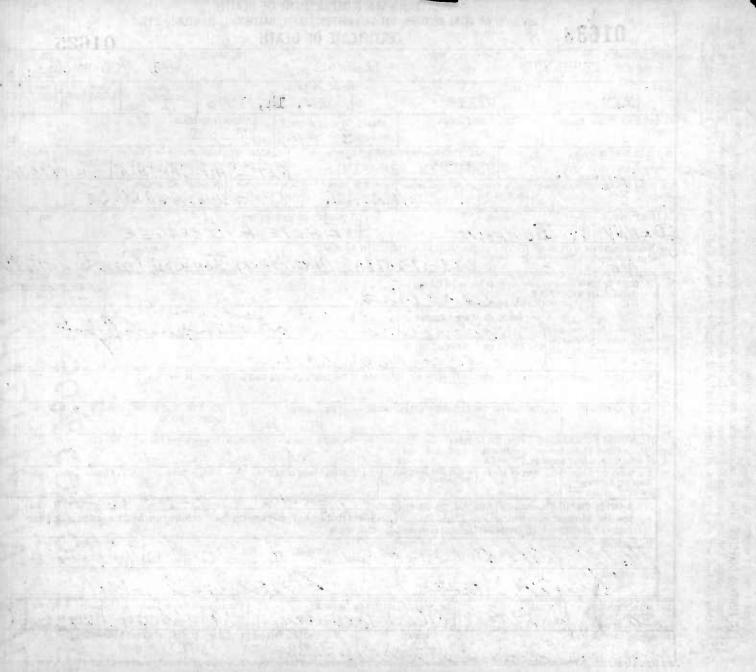
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1/1		01632	DIVISION OF VITAL RECORDS	5, 301 W. PR	ESTON STREET, BA	LTIMORE, MARYLAI	ND 21201	
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that the death certifion. by the ottending phy transit permit. Then cremotion, or removo	=	Jes W	N. II 218-16- nly one couse per line for (o), (b), ond (Mrs. The	LINA BIACE	s Pres	APPROXIMATE INTERVAL
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SICIA spito entifice of F	MEDICAL	(If either, notify medical exami	niner) P.M.	19				Link FAME
O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or otte of Funeral DIRECTOR: After this certificate has director, page 3 should be detached for use a page of the page of the page of the State Dept. of Health process.	N	of work of work	B. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			T. C.		County Stote
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OR ATTENE be retoined JIRECTOR: A Fe 3 should ed with the		22b. SIGNATURE	- M	40	ATTENDING PHYS.	MED. STAF	22c. DA	TE SIGNED
DOIR DOIR		Robert 22d. PHYSICIAN'S	IV. Trever	DEGRE	PHYS. LVJ	DIRECTOR L PHY	s. 🔲	
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3. 70 co 10 11 14 14 14 14 14 14 14 14 14 14 14 14	SEX A. RACE MALE	WHITE	S. DATE OF BIRTH DEC. 11, 1	.896 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70 cc	BIRTHPLACE (State or foreign untry) 7b. CITIZEN (OF WHAT COUNTRY? 8. MARRIED WIDOWED	INCYCK MAKKIED	COUNTY OF DEATH	Md
94	EASTON. MD.	man O o man on my a management of a	nat in haspital 12a. USUAL Of during most of	OCCUPATION (Kind of work done of working life, even if retired	
13 ad	a. USUAL RESIDENCE (Where deceased lived, if in missian) STATE 13b. COU	nstitution: Residence before 13c. CITY C	R TOWN 13d. INSIDE CITY LIMITS? YES NO	TOUT DIRECT THE ITOTALDER	r St.
1 14	FATHER'S NAME First Mid BURR	dle Last	S. MOTHER'S MAIDEN NAME FIRST	GRANGER	lost
16	ra. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give wor or dates of servi	16b. SOCIAL SECURITY NO. 17 083-07-50764	MRS. HARRY	TOHNSON, T	LEW BURMIDM
no	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CON	OR AS A CONSEQUENCE OF SOCIOLOGYCE, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED			BETWEEN ONSET AND DEATH
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MEDICAL CE	G OR CONTRIBUTING CAUSE OF DEATH HOUR	A.M. Month Day Year P.M. 19	HOW INJURY OCCURRED (Enter nat	ture of injury in Part 1 or Part 2	?, Item 18.)
N	21d. INJURY OCCURRED While Not while at wark of wark	IURY (AT HOME, FARM, STREET, FACTORY.) 21f.	OCATION Street ar R.F.D. No.	City or Town	County State
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	22b SIGNATURE	serf m Que	REE ATTENDING MED. DIRECT	STAFF C	DATE SIGNED
	NAME (Type) (cy 2)	reesky	Amue	liaels 1	ud
	runal A	968 Oliver C	emetery.	3d. tocation (City or Town) St. Mechael	2 Marygand
58	FUNERAL DIRECTOR	and Stanishe	L FILL DATE	FOISIKA 1968 KEGISTKAK	CS-SIGNATURE J. V. O

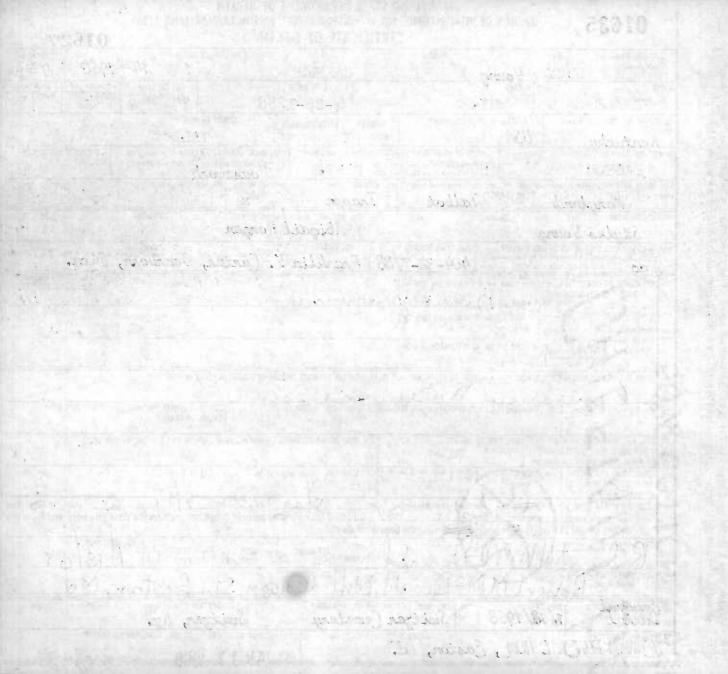


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01626 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Day 2b. HOUR (Type ar Print) DEATH MANERIX ROLAND CARLSON 16867A M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2d. HOUR P.M.3. Year 2 DEC White Male 7p. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country), 12LINOIS in pencil in Item 18. Give Pages 1 WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY HOSPITA EASTON alang 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER GEORGES LANHAM 12311 MARTINS YES NO 24 haurs Office after pages land 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAME AS# 13 VIRGINIAS. CARLSON be executed within (Yes, no, or unknown) W.W. II + Korka within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPRDXIMATE INTERVAL GETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORONARY THROMBOSIS IMMED DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o). shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH expired walking to duck blind 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE AT WORK AT WORK please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy k. Inspection Inquiry and in my apinion Natural causes, Accident . death resulted frame Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE FORDEPUTY MEDICAL EXAMINER UIS **EXAMINER'S** 5 may O FUNE Health NAME (Type) * ADDRESS(Street, city, town, or county) FASTON 23a. BURIAL, CREMATION NATIONAL ARLINGTON 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1968 VR A15ME [5] 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 01635 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01622 Middle DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR MOS PM burial-transit permit. Then please remave carban papers. Pages h-and burial, cremation, ar remaval, and in any event, within 72 haurs after Jeat (Type or print) 14 Doy 1968 funeral LUCY CARTER Young 5. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 6. AGE (In years IF LINDER 1 YEAR requires that the death certificate be executed within 24 haurs latter last_birthdoy) DAYS HOURS 1-26-1888 FEMALE WHITTH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country' completely filled in 1154 TALBOT WIDOWED TX DIVORCED [Kentucku 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY EASTON OULSEUDIR 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Trappe 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost and Abigail Horgan les Young physician o 7. INFORMANT Franklin Y. Carter, Dearborn, Mich. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war ar dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse pen line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Manch momogna IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta t has been as the 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [far use director, page 3 should be detached far use should be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work 22a. I certify that (I) (the hospital) ottended the deceased from saw the deceased alive an 1967, and 5/23, 1962, to , and that in (my) (and apinion death accurred on the dote and hour ond from the saw the deceased alive ancouses stoted obove, (1) (Se) (did) (with view the body after death. 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 230 TOBRING RELATION, BEMOVAL Secify) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) Switzer Cemetery 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

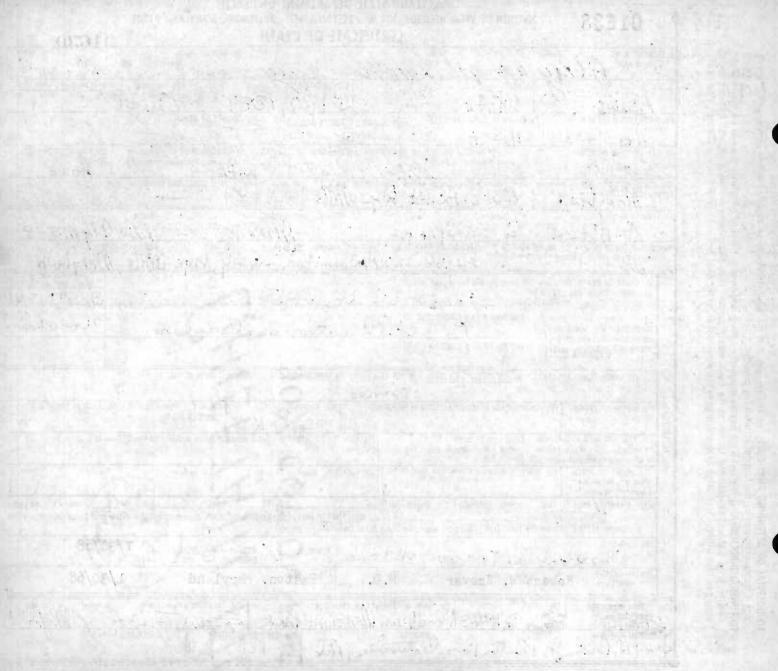


- 1	MARYLAND STATE DEPARTMENT OF HEALTH	
	01636 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CENTIFICATE OF DEATH	328
1.	CEASED-NAME First Middle Lost 2a. DATE OF DEATH Appe ar print) March Day Year CEASED-NAME Appe ar print) March Day Year CEASED-NAME Appe ar print)	2b. HOUR 3 65.
3.		AR IF UNDER 24 HRS AYS HOURS MIN
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1 14	ATHER'S NAME First WO J Middle MURPHY IS. MOTHER'S MAIDEN NAME First MOTHER TUNK	Lunga
14	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Elsie Whoolston, Gran	Store Mc
	APPR	ROXIMATE INTERVAL EN ONSET AND GEATH
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I	rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) Chronic pyslone phritis or in the state of the consequence of the	to
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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AAE	21d. INJURY OCCURRED VAID OFFICE BUILDING, ETC. VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County of work of work	State
		nat (i) (we) lo ur and from ti
	226. SIGNATURE Robert W. Trever, M. D. DEGREE PHYS. MED. DIRECTOR DIRECTOR DIRECTOR 1/31/68	
	22d. PHYSICIAN'S NAME (Type) Robort W. Trovor M.D. Easton, Maryland 1/31/68	
23	BURIAL CREMATION, 23b. DATE 1968 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) LEW 1968 CONCORD 23d. LOCATION (City or Town) (County)	(State)
1	Market Director Layles V. Moore D. Ludon Lud. Date FFB 5 1968 Collegelan	Judge

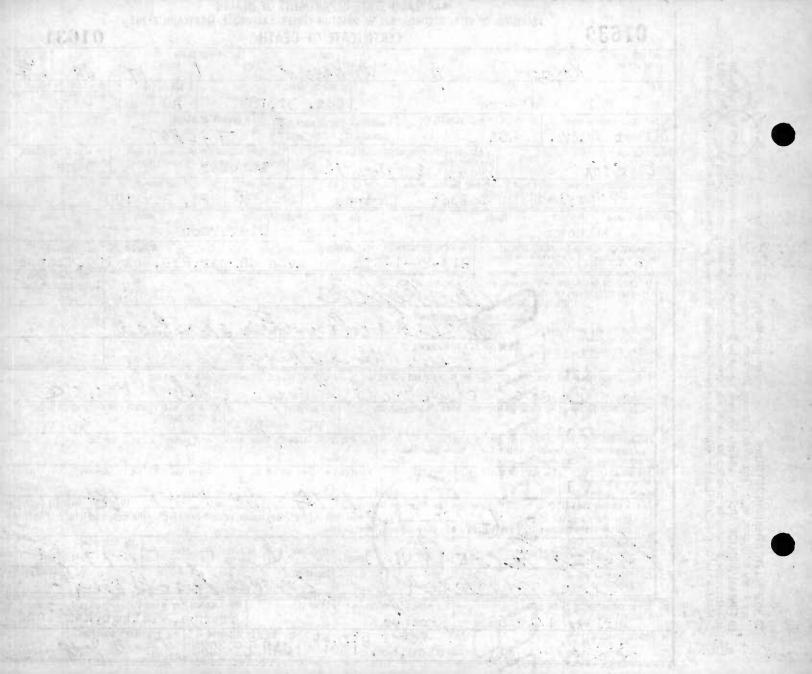
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		01637	DIVISION OF VI		W. PRESTON STREET,		AKTLAND 21201	01629	
		EASED-NAME For pe or print) ED	ITH Shride	Middle R Dudley	Lost		OF DEATH Month 1 De	0429 Aeole 8	26. HOUR 8:30 M
3.	SEX	FEMALE	4. RACE WHIT	E	S. DATE OF BIRTH)	6. AGE (In years Bast birthdoy) YRS	MONTHS DAYS	HOURS MIN.
co	ount	MARYIAND	7b. CITIZEN OF WHAT	^ "	ARRIED NEVER MARRIED DOWED DIVORCED				Md.
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) 14	4. FA	THER'S NAME First	PETER	Shrider	1s. MOTHER'S MAIDEN ?	NAME First	HERINE G	DOEH ME	Lost
16		WAS DECEASED EVER IN U.S. s, no vor unknown) (If yes	ARMED FORCES? pive war or dates of service) 2	b. social security no. 20-44-391.	17. INFORMANT SO	a Dudley	TR. QUEEN	Stown	Md.
		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA IMM Conditions, if ony, which go rise to immediate couse (stating the underlying cou	USED BY: EDIATE CAUSE (o) DUE TO, OR AS A Ve (b) (b)	consequence of	Drain &	ynd	urasis	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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DIESCATIO			96. CONDITION FOR WHICH	OPERATION WAS PERFOR	YES 🗌	NO CAU	. IF YES, WERE FINDINGS SES OF DEATH?		TIFYING
	4	Plo. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF If either, notify medicol ex	DEATH HOUR A.M. A P.M.	Nonth Doy Yeor	21c. HOW INJURY OCCURRED		njury in Port 1 or Port 2	, Item 18.)	
- N	W	21d. INJURY OCCURRED While Not while twork of work	21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY, ICE BUILDING, ETC.	21f. LOCATION Street or R.	F.D. No.	ity or Town	County	Stote
		22a. I certify that (1) saw the decease causes stated ab	(this haspital) attend d alive anave,(did)(did	19	, and that in (my) (at	, 19, ta_ ur) apinian deat		date and haur ai	
		22b. SIGNATURE ROS 22d. PHYSICIAN'S NAME (Type)	ert W.T	rever	DEGREE PHYS. [MED. DIRECTOR	STAFF PHYS. 220	c. DATE SIGNED	
23			3b. DATE 1-31-68	23c NAME OF CEME	TERY OR CREMATORY	ERY (E)	TION (City or Town)	(County)	(Stote)
	4 F	UNERAL DIRECTOR	m. Baton B	ADDRESS Contract		REC'D BY REGISTRAN	2Sb. REGISTRAR	S SIGNATURE	ge :

	1	1		MARYLAND STATE DEPARTMENT OF HEALTH	
	(1/1)	1		01638 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	60	1		CERTIFICATE OF DEATH 91630	0
	2 -		1. DE	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
eath	to be			Type or print) DI Month Day Year	1-10
7	272		3. SE	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR	IF UNDER 24 HRS.
affe	es de f		J. JE.	lock hithdray) HOUTUS DAVE	HOURS MIN
7	+ 6 ×		7 0	Females White July 7, 1889 785 YRS.	
24 hours	s.	l'or		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
24	ed i			MARY (And U.S. A. WIDOWED DIVORCED] Ahe Sot	M
- =	事。草	-5	10. C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired.) 120. USUAL OCCUPATION (Kind of wark dane during mast af warking life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired.)	BUSINESS OR
× ±	ban	10	-/	EASTON MEMORIAN WITE HOP	NE
law requires that the death certificate be executed within	physician. signed by the attending physician and campletely filled in by the Funeral burial-transit permit. Then please remave carban papers. Pages Pand 2 burial-transit permit. Then please remave carban papers.	17		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before last. CITY OR TOWN, lission) STATE AND NUMBER 13b COUNTY AND 15b COUN	
exe	d co)	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
pe	an e	->		NATER S SPARKS MINNIE MCC140	ENT
1te	cian			. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT SOP Address	
ij	ld r		Y	Yes, nogot unknown) (If yes give war or dates of service) 215.36, 2277 Willalter DENNY WYE Mills MARY	AND
cert	g pl	- 11		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	MATE INTERVAL INSET AND DEATH
÷	r e			PART I. DEATH WAS CAUSED BY:	11-17-10
de	erm n, o	8.4		433,9 IMMEDIATE CAUSE (a) Correct Corr	
the	ation of the			Canditions, if any, which gove rise to immediate cause (a). (b) Corebral arteriosclarosis Un	certain
hat	y #			rise to immediate cause (a), Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
÷ Se	icia d b l-tr			last. (c)	
- in	igne urio urio			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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a w	ndir bee s th		VIIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CI	RTIFYING
pe	pital or attending rtificate has been d far use as the af Health priar ta	2	CERTIFICATION	YES NO NO CAUSES OF DEATH?	
••	or at the ha		CERI	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)	
<u> </u>	ificat far fAr f He		MEDICAL	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19	
PHYSICIAN	haspital s certifica sched fa spt. af H		MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. OFFICE BUILDING, ETC.	State
F	his his etac Dep			While of wark of wark	
NG	y the er t			22a. I certify that (I) (this hospital) attended the deceased from, 19, ta, 19, that	(I) (we) la
9	d b d b			saw the deceased glive an	and fram th
E	OR:			causes stated abave, (I) (we) (did) (did nat) view the bady after death.	
OR ATTENDING	be retained DIRECTOR: / pe 3 should ed with the			22b. SIGNATURE ATTENDING MED. STAFF 22c. PN5 5/0010	
	DE Se			ROSSELL W. REVER, W. D. DEGREE PHYS. DIRECTOR DIPHYS. L.	
TAL	AL Page Page			PHYSICIAN'S NAME (Type) Robert W. Trever M.D. 22e. ADDRESS on, Maryland 1/30/68	
O HOSPITAL	Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt				
오	EU irec hau	0	23a.	BURIAL GREMATION, 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
5	5 p 2	TE	-	BUKIAT PED, LITTO MOODIAWS HENDRIAL TAKE ZASTON MIKOT, III	HRYLAND
	VR A15	43	24.	FUNERAL DIRECTOR South Bro Carthards AD 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGIS	usigh.
	30M REV.	1/68	140	and 19, 130mm 1 1 Jack 1 340 Continues 1 1 100 1	U



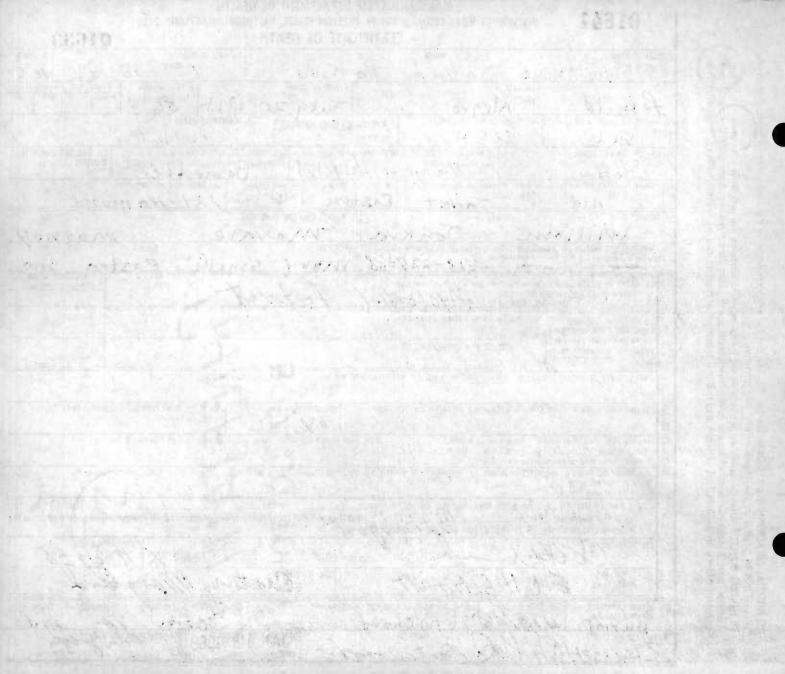
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 01640 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01632 Last 2b. HOUR Middle 2a. DATE OF DEATH 1. DECEASED-NAME First requires that the deoth certificate be executed within 24 hours after death Month (Type or print) Emory Cornelius Dill Jan :30 M signed by the attending physician ond campletely filled in by the fury burial-transit permit. Then pleose remove corbon papers. Pages 1 c buriol, cremation, or remaval, and in ony event, within 72 hours after d 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX last birthday) HOURS Male II-I-I888 Negro YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Md. USA Talbot WIDOWED IN DIVORCED [12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital INDUSTRY farm give street address during most of warking life, even if retired.) Unionville none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY NO T Md. YES Talbot Unionvil] 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Dill Ezekiel not Known 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 217-36-044 Deshields Easton. Mamie APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to l O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M State 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County While Nat while ot wark at wark 1900 22a. I certify that (1) (this haspital) attended the deceased from... and that in (my) (aur) apinian death accurred an the date and haur and fram the 190 saw the deceased alive an_ causes stoted above, (1) (we) (did) (did bot) view the body after deoth. 22c. DAJE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S KRECH NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION 23b. DATE (County) T-T0-68 Unionville-Talbot-Md. Stenhen 2Sq. REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS** 21601 VR A15 (4) Easton, Md DAVAN Dover St. 30M REV. 1/68

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W. N. A.				

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01633 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR after death (Type or print) Month Doy Yeor b.SON 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR IF LINDER 24 HRS lost birthdoy) MONTHS DAYS HOURS Teal 4 20 within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED country) DIVORCED [WIDOWED [burial, cremation, or removal, ond in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street pddgess) during most of working life, even if retired.) INDUSTRY pleose remove corbon completely 17018 DomPstico 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY EIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY Easton YES NO 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 6 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) P054 ottending phys APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for,(g), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH DPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES V NO [be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and havr and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did to view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATIDN, (County) (Stote) REMOVAL (Specify) BUTIO **ADDRESS** FUNERAL DIRECTOR VR A15 30M REV. 1/68 DATE



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1			CERTIFICATE OF DEATH 01634 D.O.A.	
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ffer	1	3. SE		ER 24 HRS.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	prystran. signed by the attending physician and campletely filled is burial-transit permit. Then please remove carban paper burial, crematian, or remaval, and in any event, within 72		give street oddress) during most of working life, even if retired.) INDUSTRY	
p	carl carl	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
cute	ve eve	oam	nission) STATE Maryland 13b. COUNTQueen Anne Church Hill YES NOE	
e Xe	d co	14. F	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	t
pe (and rem in an		George W. Dulin, Sr. Emily C. Calloway	
<u>e</u>	ian		I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ifico	physician on please naval, and in	Y	Yes, no, ar unknown) (If yes give war or dates of service) 217-36-0224 Mrs. George Dulin, Church Hill, Md.	
tert	hen nav		APPROXIMATE INTE	RVAL
=	rer T		PART I. DEATH WAS CAUSED BY:	
qeq	attendir permit. ian, or re		IMMEDIATE CAUSE (a) Myocardial lufarchen MINIO	116
he	pe al		Conditions, if any, which gave	
t to	ma the		rise to immediate cause (a) (b)	
£ 5	tra tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ireg	prysklan. signed by the attending burial-transit permit. Th burial, crematian, or rem		last. (c)	
nbe de	signal and a signa		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
> =	een the r ta	NO	4201	
<u>D</u>	s b as	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN	NG .
THE STATE OF	th the	RTIF	YES NO CHOSES OF SEATTH	
Z S	ar u	IL CE	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	着着	MEDICAL	(If either, natify medical examiner) P.M. 19	
HYS	rage 4 may be retained by the hashiful at antending physician. C FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-tran should be filed with the State Dept. af Health priar ta burial, cre	W	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County County	State
Q 4	e de the		at wark — at wark —	
Ž.	Start Start	123	220. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, that (I) (v	we) last
23	bed A: A		saw the deceased alive an19, and thot in (my) (aur) apinion deoth occurred an the date and haur and fr _couses stated abave, (I) (we) (did) (did not) view the bady after death.	am the
1	5 5 4 4		22b. SIGNATURE AA 22 DATE SIGNED	
2	d w		DEGREE PHYS. MED. STAFF DIRECTOR DIRECT	y
1	tile and		22d, RHYSKIAN'S 22e. ADDRESS	
110	Pe P B		NAME(Type)	
OSF	Sector N	230	D. BURIAL, CREMATION, 23b. DATE 235, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stot	te)
H 5	o Fundament Shoul	230.	D. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote REDEVALUELLY) 1/11/1968 Woodlawn Memorial Park Easton. Nd.	. 5)
2	=	24.		11 11
	VR A15 (4) 30M REV. 1/68	1	Paurice E. Neurous SON EASTON, Mak DAYAN 11 1968 Wharles June	
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	01643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 016	35
HEALTH DEPT	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b. HOUR
S D D P	(Type or Print) EVA MAE Fletcher DEATH MATED DANS	1 1968 1
y delay	1 0 7 10 0 T YRS. 1 - 31	reor 19 68 7 36.
500	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7ALBOT	M
	EASTON give street oddress) NOUS Hospital during projet working life even if retired.) INDUS	KIND OF BUSINESS OR STRY
18. Give along 2 with death.	30. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 32. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived, it institution: Residence before) 33. USUAL RESIDENCE (Where deceosed lived) 33. USUAL RESID	
	4. FATHER'S NAME FIRST MIDDLE IS. MOTHER'S MAIDEN NAME First Middle RO	SSER
within 24 n pencil in Examiner's File pages 172 haurs	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or yakgown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT FEAR DNS ADDRESS ADDRE	ON MD.
This certificate shauld be executed within 24 icate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's a be used as a burial-transit permit. File pages or remaval, and in any event within 72 haurs	DADI I DEATH WAS CALLED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH L DU TES
be executed by the best of the	rice to immediate course (a)	20 yrs
shauld be e ne ward "per a the Chief I burial-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificate of the writing the see farwarded to be used as a bure remaval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Fracture femoral neck left emar	
This certificate, writing be farward abe used a or remaval,	NAC DEDECOMEDO	20. AUTOPSY?
This cate, be for rel	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.	YES PES NO
	PRIMARY OR CONTRIBUTING P.M. 1/18/68 Slipp d and fell icy walk	
EXAMINER: cute the certifuge 4 shauld your files. Page 3 shauld.; crematian,	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A	infy Stote
		and in my opinior
ase e rectar ined IRECT	death resulted from: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined monner 🗌	
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your 5 EUNERAL DIRECTOR: Page Health priar to burial, crem	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	D
necessary, pleathe funeral directions in the funeral direction in the funeral direction in the funeral bill Health priar to	EXAMINER'S DEPUTY MEDICAL EXAMINER 2/1/68	3
ro Di the 5 m 70 FU	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Coun	ry) (Store)
5)	24. FUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 1250. REGISTRAR'S SIGNA'	MD.
VR A15ME (5) 10M REV, 1/68	Marked Director Dente Dente Md. Date B 7 1968 recisivary sional	Judge :

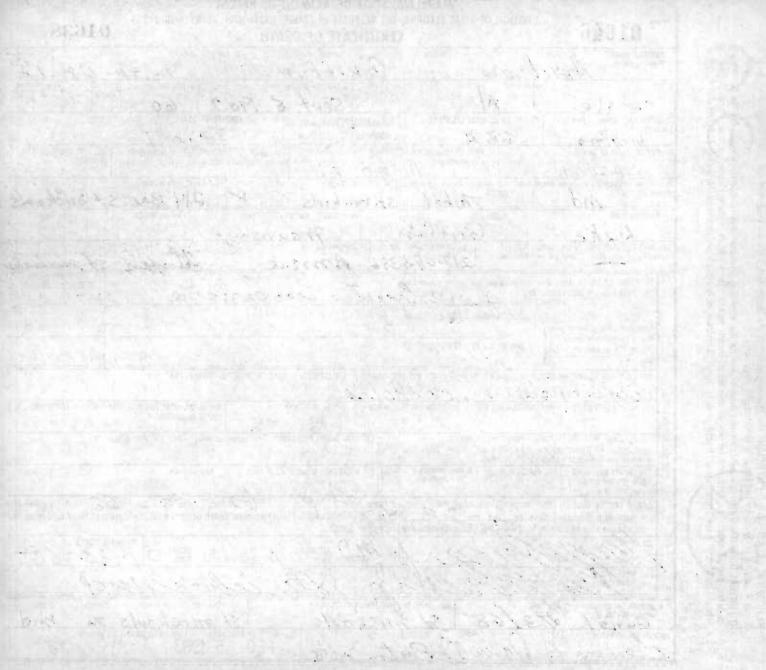
		MAKILA	NU STATE DEPARTMENT OF HEA	ALIH	
	01644	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMO	DRE, MARYLAND 21201	
	02020		CERTIFICATE OF DEATH	0	1636
3 7 6	. DECEASED-NAME Firs	Middle Middle	Lost	2o. DATE OF DEATH	2b. HOUR -
	(Type or print)	VCV R.	FluhARTY	Month Day	Yeor 12 45 N
3	. SEX	4/RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female	White	6/19/1940	lost birthdoy) YRS.	MONTHS DAYS HOURS MIN
7	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED M NEVER MARRIED 9. 0	COUNTY OF DEATH	
· ·	Manuland.	1154	WIDOWED DIVORCED	TALBOT	Mc
	O. CITY OR TOWN OF DEATH		NSTITUTION (If not in hospital 120. USUAL O	CCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
18	EASTON	give street address	OFIAL HOSPITAL during moor	of porting life, even if retired to	INDUSTRY
		osed lived, if institution: Residence before		13e. STREET AND NUMBER	
2010	dmission) STATE ruland	13b. COUNTY Bot	Easton YES NO	364 Glebe Roc	nd
/ 1	4. FATHER'S NAME First	Middle Inst	15. MOTHER'S MAIDEN NAME First	Middle	Lost
	Alfred E.	Russ	Genevieve	Cohee	
1	60. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECURIT		Address	
	Yes, no or unknown) (If yes give	war or dates of service) 219-36-	6338 Timothy L. Flut	rarty, Easton, 1	
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	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(0)	
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			YES NO 🗆		
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	21d. INJURY OCCURRED 210 While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
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	22b. SIGNATURE	elV1	() m 1()	STAFF 22c. DA	ATE SIGNED
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o FUNERAL I		NAME(Type) Richar	d F. Tyson, M.	D. EAS		160
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely idirectar, page 3 shauld be detached far use as the buriol-transit permit. Then please remave carban should be filed with the State Dept. af Health priar to buriol, crematian, or remaval, and in any event, with	23a.	BURIAL, CREMATION, 23b. DAT REMOVAL (Specify),	E 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01646 01638 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX 24 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS lost birthdoy) urs att MONTHS DAYS HOURS 60 YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country. 115 M WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR with give street oddress) during most of working life, even if retired.) INDUSTRY campletely signed by the attending physician and camplete burial-transit permit. Then please remave carb burial, cremation, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY YES NO D 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost machisacro 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) '(If yes give war or dates of service) 217-09-1336 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO/OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached far use as the State Dept. af Health priar ta CERTIFICATION OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an_ _19 6 and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did nat) view the bady after death. 22b STONATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 |4} DATE FEB 1968 30M REV, 1/68



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physician. signed by the attending physician and completely filled in by the teneral source buriol-tronsit permit. Then please remove corbon papers. Pages, and a burial, cremation, or removal, and in any event, within 72 hours after down.	1. DECEAS	ED-NAME Fir or print)		Middle	Harris	20	DATE OF DEATH Month	Doy Yeor	2b. HOUR
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MAKTLAND STATE DEPARTMENT OF HEALTH

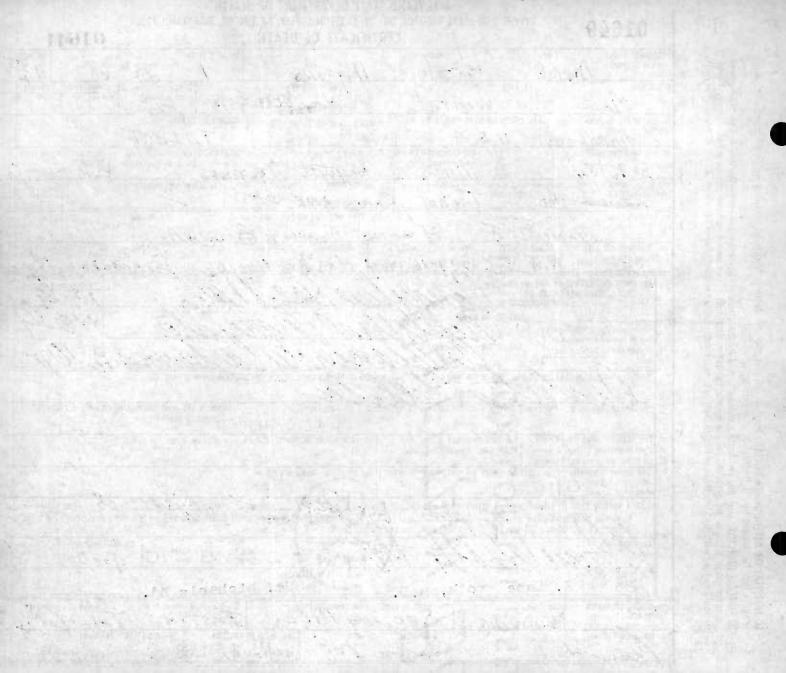
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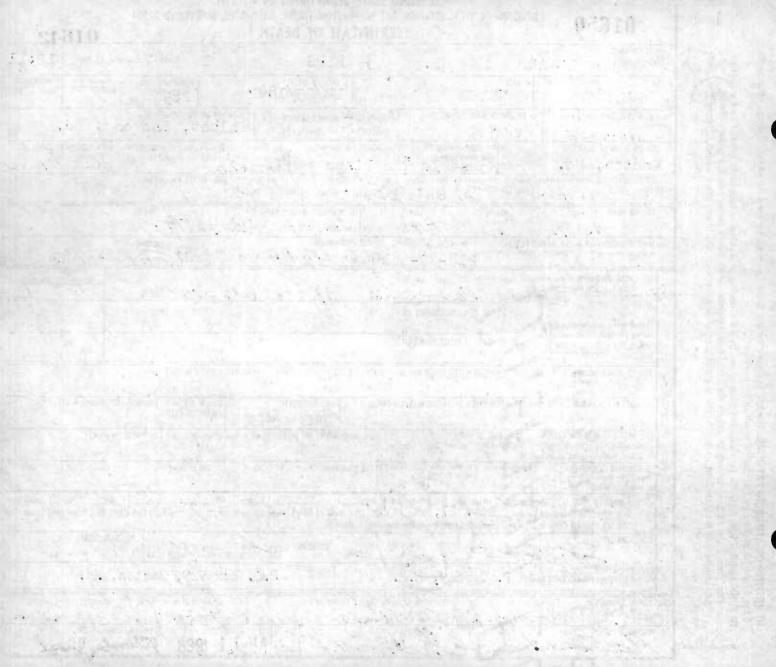
01648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film G397 2/5/68 kk CERTIFICATE OF DEATH 01640 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month Day Argaret ESSIE the Tung papers. Pages L 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS ottor last birthday) HOURS Female September 9. 1880 YRS requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Ξ USA WIDOWED X DIVORCED | Maryland filled signed by the attending physician and campletely fillec burial-transit permit. Then please remave carban pap burial, crematian, or remaval, and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR OWN 13e, STREET AND NUMBER 13b. COUNT aroline Preston YES 🗀 NOTE 15. MOTHER'S MAIDEN NAME First Wilhelm 14. FATHER'S NAME First Middle Lost Casper Ebert 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. (arl Plutschak, Preston, Md. (II yes give war or dates al service) 218-10-8984 Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) arterioscleratio rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the l Health priar to b has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year State Dept. af (If either, notify medical exominer) be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram.... ___, ta_ . 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an___ director, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING X MED. DIRECTOR 1/26/68 Robert W. Trever DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Robert W. Trever M.D. Easton, Maryland 1/26/68 23c. Shame of CEMETERY OF GREMATORY 23a. BURIAL, CREMATION, REMOVAL/SEACH 23d. LOCATION (City or Town) (County) (State) aston. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Neurama Sin 30M REV. 1/68~

MARYLAND STATE DEPARTMENT OF HEALTH

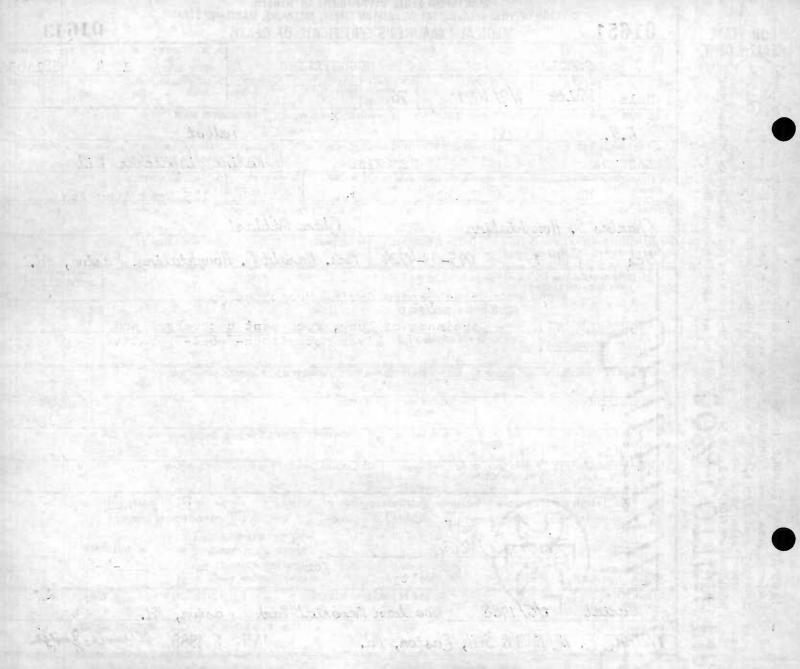
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	ING by t ffer se o		22a. I certify that (I) (this-	hospital) attended the decea	sed from		, 19 <u>68</u> , that (1) (we) last
	ed ed lid		saw the deceased aliv	e an full (did) (did nat) view the	19 (22, and that in (my) (ou	r) o pinian death o <i>c</i> curred an th	e date and haur and from the
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	y be y be gage age filed		22d. PHYSICIAN'S	NIWW MI	22e. ADDRESS	DIRECTOR OF PRIS.	1/23/00
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	TO HOSPITAL OR ATTENDING Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 should be a shauld be filed with the State	230			F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	Page O FUN direct shaul	200.	PEMOVAL (Specify)	16 1968 SP	//	EASTIN	TALBOT MAD
	O);	24.	FUNERAL DIRECTOR	ADDRES	S 250. R		RAR'S SIGNATURE
	VR A15 (4)-25 30M REV. 1/68		Willis Stark	Bed	on My DATE	JAN 25 1968 20	harles Judge
		-	The state of the s				





1.		VIA	M ISION OF VITAL R	ARYLAND S					ND 2120	1			
FOR STATE		01651		CAL EXAM					110 2120			0164	3
HEALTH DEPT		ECEASED-NAME	First	Middle		la			20. DATE KI	IOWN[X]		ay Year	2b. HOUR
7 11 11	((ype or Print) HARC	LD	CHARLES	H	OUGHTA	LING	17.70	OF E	STI-		4 196	811034
hours ofter deoth iny delegated them 18. Give Pages 1, 2, and 3 to Office along with farm PN3. Page 1 and 2 with the State Department of ofter deoth.	3. SI	Male Whit	s. DAJE OF BI 9/9/10		6. AGE (In years 100	MONTHS D	YEAR IF UND DAYS HOURS	DER 24 HRS. MIN.	2c. DATE PRO Month	DOUNCED DO		Year	2d. HOUR
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hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. AI		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		<i>Aurac</i>		ADDRESS		1 2	-3.17
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ed with personal Example of Example to File to		18. CAUSE OF DEATH (En	ter anly ane cause per	line far (a), (b), ar	nd (c).)				0	0		APPROXIMA BETWEEN ONS	
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e ex pend of Mo		Canditians, if any, which a		R AS A CONSEQUEN									
rd " rd " Chie tran		rise ta immediate cause	(a) (b)	arcinom. R AS A CONSEQUEN	CE OF Ti	ung, r	tastas	ent c	cere	neral	tive		
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icate ing the ded to ded to as a b	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BU	T NOT RELATED	TO THE TERMI	NAL DISEASE O	R CONDITION	GIVEN IN P	ART 1(a)			
This certificate, writing be forward as do be used as a removol,	CERTIFICATION	19a. DATE OF OPERATION		19b. CONDITION WAS PERFO		RATION						2D. AUTOP:	
ote, ote for the form	ERTIFI	210. EXTERNAL CAUSE WAS	Tall Time of			u. nour muu	DV OCCUPDED	15				YES [NO 🗌
AL EXAMINER: This certiff execute the certificate, writh or. Page 4 should be forwar 1 far your files. TOR: Page 3 should be used urial, cremation, ar removal	MEDICAL C	PRIMARY OR CONTRIBUTED OR CONTRIBUTED OF DEATH	TING HOUR A	P.M.	19	tic. HOW INJU		RU-8	of injury in	Part I or P	on 2, item	1 18.)	
	ME	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY foctory, office buildi		reet,	of Location	Street ar R.F.D.	Na.	City ar	Tawn		Caunty	Stote
EXAM ecute th Poge 4 ar your R: Page		AT WORK NOT WHILE		d t - l-	1 1 1 -	. 1.11	A	1		1		1.1	*.:-
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director director retaine DIREC		dedili resolica ile	1	1		Soleide [AL EXAMINER		mined me		-	
y, ple erol di be rett RAL Di prior		ACTUAL SIGNATURE	(enis)	Velly		M.D.	ASSISTANT N	EDICAL EXAM	AINER	221	DATE SIG	GNED	
		EXAMINER'S NAME (Type)		Wa	lty	fo	ADDRESS(Str	ICAL EXAMIN		_	1-4	-68	
o DEPL necessa the fun 5 moy 0 FUNE Health	230	BURIAL, CREMATION,	23b. DATE		ME OF CEMETER)	OR CREMATO			LOCATION (C		-10	aunty)	(State)
W		REMOVAL (Specify)	1/6/1968		dlawn	Memori		k E	aston	. Md.		505	
No section 10	24.	FUNERAL DIRECTOR	CIUNIAM O CA		ADDRESS		2So. R	EC'D BY REGI		2Sb. REGIS	TRAR'S SIG	SNATURE	Lab.
VR A15ME (5) 10M REV. 1/68	1	muruc C. M	EUNAM & SC	IV, Cast	on, Ild	•	DATE	MIN	5 196	PA		and have	7



		MARYLAND STATE DEPARTMENT OF HEALTH
		01652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 01644
<u> </u>		CEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
	(1)	rear print) HENRY ANDOUSTUS HOYF Manth Jan. Day 16 Year 1963 3 15 ph
3	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS MIN.
		NHITE OCT 1, 1898 E9 YRS.
	7a. Bl	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
		MARYLAND U.J.A WIDOWED DIVORCED 1/4/0 60 X
10	0. CI	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 12a. USUAL OCCUPATION (Kind of work dane during most of warking life, even if retired.) 11b. KIND OF BUSINESS OR INDUSTRY
8		EGOTON MORIAN WORL YV. PRES. HYTEMORILL
1:	3a. 1	JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIGE CITY LIMITS?
0		MARYLAND ALBOT LASTON HOS J. HARRISON
11	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
		NALPH L. HOYT WONNA LOUISE GERMAN
1		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Transport T
-	-	/ / A/ ADDOMINIST INVESTOR
1		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
1	4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clearle oral Tracker- lum des to 2 Rogs
П		466 X DUE TO, OR AS A CONSEQUENCE OF
		Canditians, if any, which gave rise to immediate cause (a). (b).
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	- 1	last. 50 d.0 (c)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	NO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
5	CERTIFICATION	YES NO X
	E.	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
_		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	7	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. City or Tawn Caunty State
1		While Nat while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1	L	at wark at wark [1] 220. I certify that (I) (this hospitol) ottended the deceosed from 1/22, 1967, ta 16,50, 1968, that (I) (we) las
1	-	saw the deceased glive an 15 place 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
		couses stated abave, (I) (we) (did) (did not) view the body after deoth.
а		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
ı		1 Reliables 1 April 1 DEGREE PHYS. DIRECTOR PHYS. 1 16 fam by
1		22d. PHYSICIAN'S NAME (Type) I HURSTON HARRISON (asker, Many laws
-		THURSTON CHARLESON (BS/PC, MORA)
2	23a.	SURVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 23d. LOCATION (City or Town) (County)
1	24	REMOVAL (Specify) VALV 18,1968 DEFINE HILL JOHN 18,1968 ADDRESS 250. REGISTRAR 250. REGISTRAR SIGNATURE
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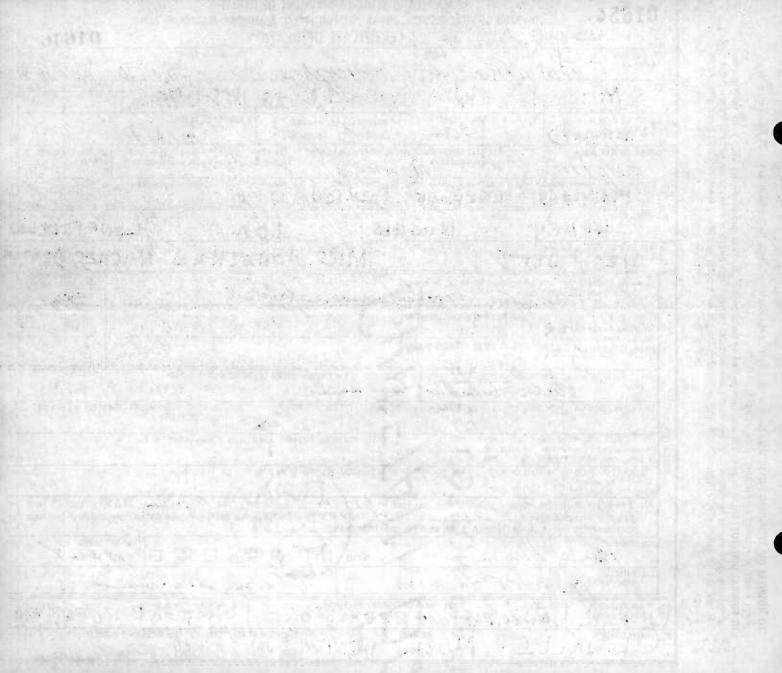
01653 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01645 Last DECEASED-NAME First 2a. DATE OF DEATH deoth (Type or print) uppara ame 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours after White Sept. 28, 1879 lost birthday) MONTHS DÁYS HOURS Male burial, cremation, or removol, and in any event, within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED = country) Maryland USA DIVORCED WIDOWED T completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Sewing give street oddress) remove corbon Factory Owner 13e. STREET AND NUMBER 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? odmissian) STATE 13b. COUNTY Talbot Waverly, RFD Easton YES NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Hubbard Mitchell Theodore Mary 16b. SOCIAL SECURITY NO 17. INFORMANT 7. INFORMANT Mrs. Wm. B. Davis, Waverly, Easton, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no ar unknawn) (If yes give war or dates of service) unk APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-tronsit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be reconnected.

TO FUNERAL DIRECTOR: After this certificate has been a former of the deformed for use as the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? director, page 3 should be detoched for use os should be filed with the State Dept. of Health prio CAUSES OF DEATH? NO X YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceosed fram 12-26, 1967, ta 1-3, 1960, that (I) (we) last saw the deceased olive on 1-5, and thot in (my) (our)-opinion death occurred on the dote and haur and from the couses stated above, (1) (we) (did) (did-not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Stephen P. Carney, CM.D. NAME (Type) Easton. Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) 23b. DATE Cambridge, Maryland Jan 8 1968 Greenlawn Cemetery ADDRESS 2Sa. REC'D BY REGISTRAR FUNERAL ASERVICE VR A15 (4) 1968 30M REV. 1/68 LOMPIE

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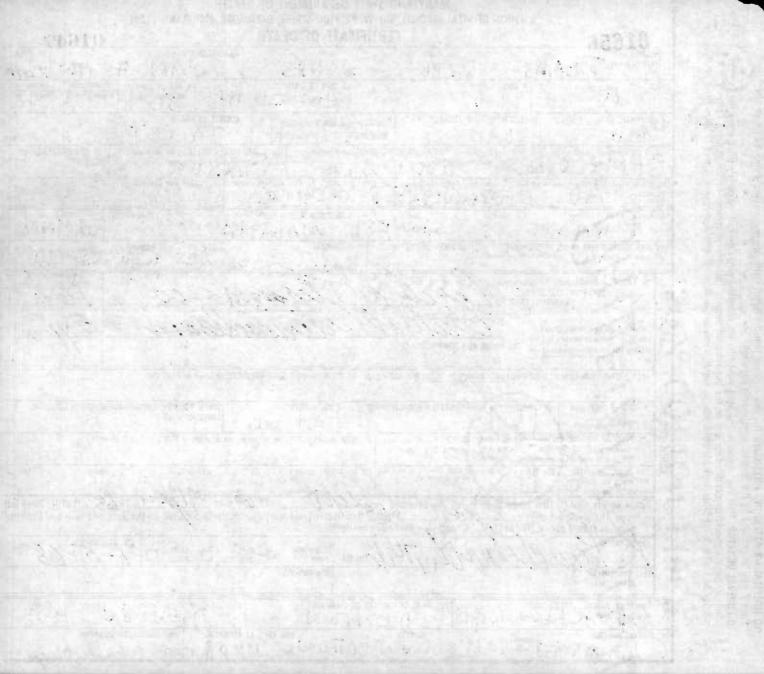
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- 1(NA	1)	01654 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	AND 01001
	1	Item 8 Film G398 3/11/68 kk CERTIFICATE OF DEATH	01646
	-	ECEASED-NAME First Middle Last 2a, DATE OF DEATH	
de d	(Type ar print)	Month Day Year 1134
	3. SI		AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS
the ages		10 Tol 28, 1888 109	MONTHS DAYS HOURS MIN
haurs af n by the s. Page haurs af	7a.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEAT	TH
24 H		NOTALED WIDOWED DIVORCED TA	160+
within 2 ban pap ban pap within 2		EITY OR TOWN OF BEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, e	even if retired.) INDUSTRY
that the death certificate be executed within 24 haurs after an. by the attending physician and campletely filled in by the formasit permit. Then please remove carban papers. Pages harmanit, and in any event, within 72 haurs after the may be a supplemental.	13a. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO ITS NO	AND NUMBER
ate be executician and camplease remove and in any ev	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Last
an a ase nd ir	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	LONGFELLOW
physician on please on please on please		(es, na) ar inknown) (If yes give war or dates a spixia)	S Address DENTO
that the death certifi an. by the attending phy transit permit. Then I crematian, or remaval		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (s).)	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending permit. Thisian, or remo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) From elloquelesseile lielateral	5 leys
he aff per rian,		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	
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es tha ician. ed by Il-tran	16	stating the underlying cause (c)	
requires g physici n signed e burial-la a burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.	PART 1(a)
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AN: The law ratending or attending cate has been or use as the Health priar ta	CERTIFICATION	CAUSES OF D	WERE FINDINGS CONSIDERED IN CERTIFYING DEATH?
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ICIAN: "pital ar rtificate d far us af Healt	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year [16] examiner) P.M. 19	run i ui run 2, nem 10.)
PHYS e has his cel stache Dept.	ME	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Tax OFFICE BUILDING, ETC.	own Caunty State
by th by th After the be de State		220. (certify that (1) (this haspital) attended the deceased from 15 face 1968, to 16 /2	2 (124, 1968, that (1) (we) lo
= 0 T D 0		saw the deceased olive an 19 28, and that in (my) (aur) apinion death occurs couses stated above, (I) (we) (did) (did nat) view the body after death.	rred on the date ond hour and from th
OR ATTENI be retained DIRECTOR: A pe 3 shauld ed with the		22b. SIGNATURE	22c. DATE SIGNED
may be retained RAL DIRECTOR: A page 3 shauld be filed with the		Mens tan Warrison DEGREE ATTENDING PHYS. MED. DIRECTOR DIRECTOR PHY	
O HOSPITAL OR ATTER Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 shault shauld be filed with th		22d. PHYSICIAN'S NAME (Type) THUIRSTON HARRISON 22e. ADDRESS Castra. Man	yland
Page 4 no Funer director,	230	BURIAL, CREMATION, 23b. DATE, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cit	ity ar Town (Caunty) (State)
5 5 5 2 X	1		
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2 DATE JAN 2 6 1968	25b. REGISTRAR'S SIGNATURE 8 Kolomba Villa



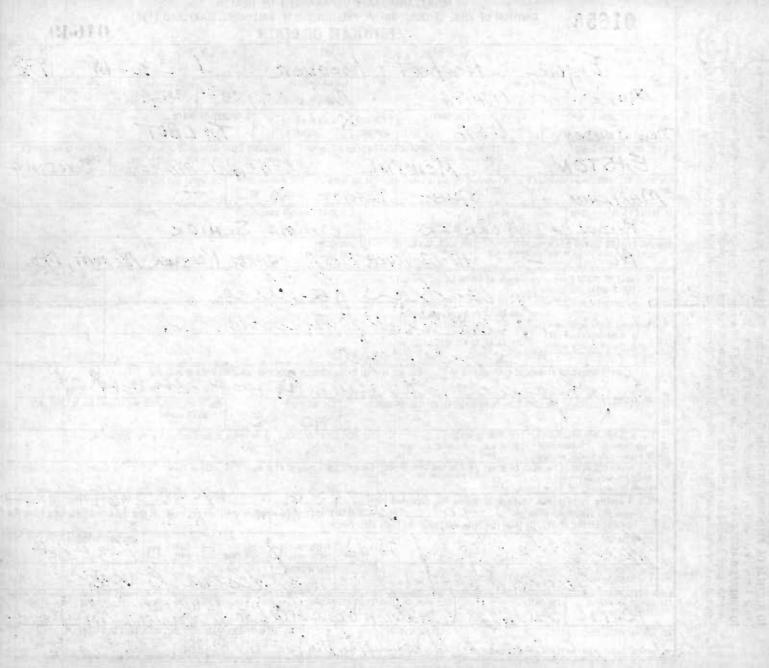
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			DIVISION	OF VITAL RECORDS	, 301 W. PR	ESTON STREET, BA	ALTIMORE, MA	RYLAND 21201		
		01656			CERTIFICA	ATE OF DEATI	H		0164	117
± 1 ± 2 ±			First	Middle	1	Last	2a. DATE O	F DEATH		2b. HOUR
death death	(ype or print) HO	MAS	WEBB	0	IONEZ		J MAN A	4 1968	2:00A
s after the tur ages s after	3. SI	x M	4. RACE	W		S. DATE OF BIRTH	+, 1881	6. AGE (In years last printiday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after e haspital or attending physician. is certificate has been signed by the attending physician and campletely filled in by the utached far use as the burial-transit permit. Then please remove carban papers. Pages to be the burial crematian, ar removal, and in any event, within 72 hours pitter to burial.	7o. cau	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY O	F DEATH FLBOT		M
ecuted within 24 campletely filled iove carban pap y event, within 7	10. (ITY OR TOWN OF DEATH	NELS 9	1. NAME OF HDSPITAL OR I	NSTITUTION (If not	t in haspital 12a. I		(Kind of work dane		BUSINESS OR
equires that the death certificate be executed within physician. Signed by the attending physician and campletely fille burial-transit permit. Then please remove carban paburial, crematian, ar removal, and in any event, within	13a. adm	USUAL RESIDENCE (Where design) STATE	eceased lived, if inst 13b. COUN		17/ /2-	GELY YES X	NO 13e. S	TREET AND NUMBER		
be exe	14. 1	ATHER'S NAME First	-S Middle	1 00	NES	MOTHER'S MAIDEN NAM	E First	Middle	FURA	Last
erificate be exe physician and e nen please reme toval, and in any	16a.	WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY	Y NO. 17, IN	RS. T. W.	JON	Address	GBLY I	MD.
h cer ing p The		18. CAUSE OF DEATH (Enter	er anly one cause pe	er line for (a), (b), and (8140	7//		100	APPROXIA BETWEEN OF	MATE INTERVAL NSET AND DEATH
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iat the death certific , the attending phys nsit permit. Then p ematian, ar removal,		Conditions, if any, which go	ave)	DRAS A CONSEQUENCE O	11/2	Allin	erifor	ster	5 V	y.
equires that th physician. signed by the burial-transit i burial, cremati		rise to immediate cause (stating the underlying ca- last.		OR AS A CONSEQUENCE O	F					
require g phys n signe e burice o burice		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE (OR CONDITION GIVI	N IN PART 1(a)		4 = 1
The law re attending has been se as the th priar to b	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS F	PERFORMED	20a. AUTOPSY? YES NO	CALISE	YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CE	RTIFYING
CIAN: I	MEDICAL CERT	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.		21c. HOV	W INJURY OCCURRED (E		ry in Part 1 or Part 2,	, Item 18.)	
PHYSI he hasp this cer etachec	MEC		21e. PLACE OF INJUR			ATION Street or R.F.D.	Na. City	or Tawn	County	State
Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to	N	220. I certify that (I)	d alive an	MIN	19/0/7 find	that in (my) (aur)	apinion death	orred on the d	168, that late and hour o	(I) (we) las
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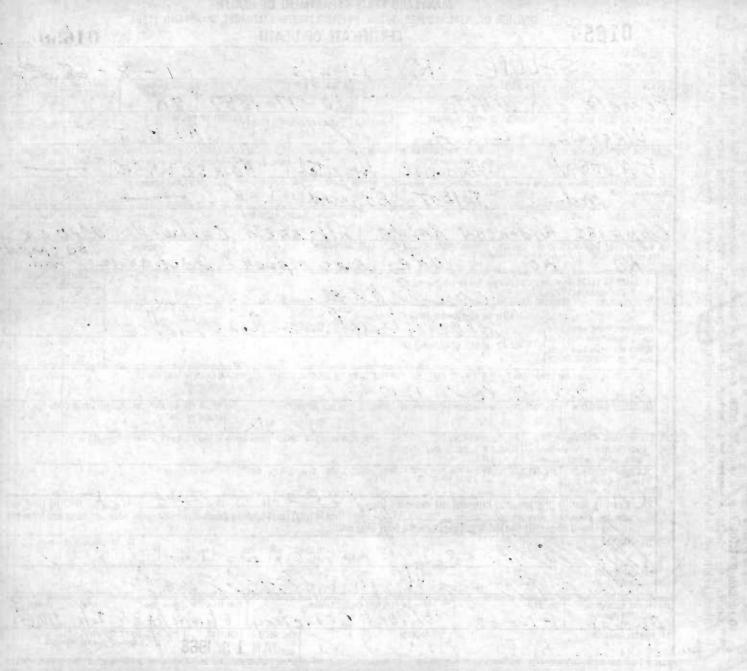


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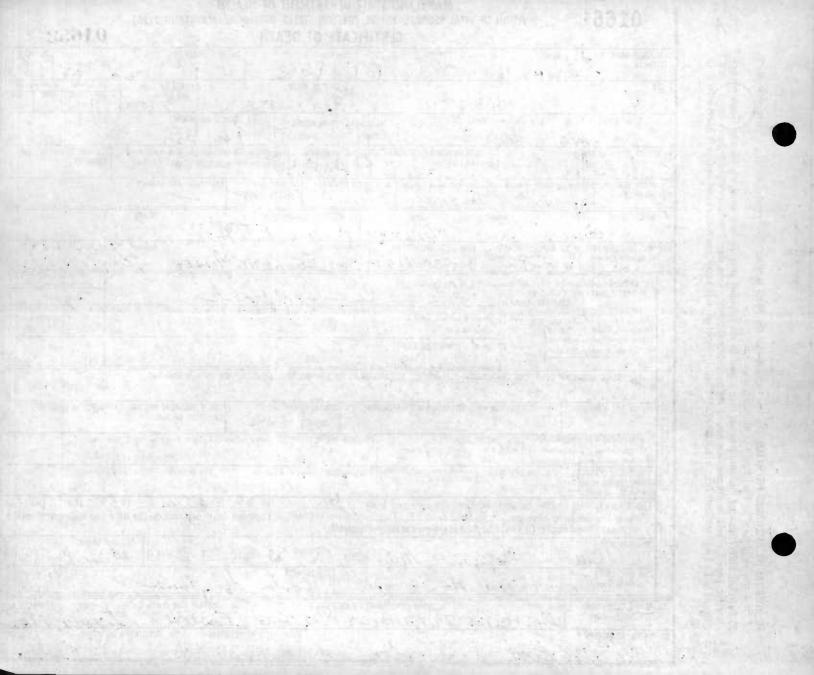


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01659 CERTIFICATE OF DEATH 01650 Middle 2o. DATE OF DEATH DECEASED-NAME First Lost 2b. HOUR buriol-tronsit permit. Then pleose remove corbon papers. Pages 1 ond 2 buriol, cremation, or removol, ond in any event, within 72 hours after deoth. (Type or print) IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX lost birthdoy) SHTHOM DAYS HOURS requires that the death certificate be executed within 24 hours aft EMA/E 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEWER MARRIED country) completely filled in DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if reliced.) give street oddress) INDUSTRY 13e STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES 🗀 NOL 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Lost and CR5014 physicion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN Address Yes, no, or unknown) (If yes give war or dates of service) aRITE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and AD BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been os the director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO D O HOSPITAL OR ATTENDING PHYSICIAN:
Page 4 may be retained by the hospital or 21a. ACCIDENT WAS LINDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. TOR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (1) (this haspital) attended the deceased framand that in (my) (aur) opinian death accurred an the date and haur and from the saw the deceased alive an causes stated abave, (i) (wel-(did) (did not) view the body after death. 22b. SHENATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22d. COMYSTCHAN'S NAME (Type) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) Ceme T. Michaels ue Texy WRI ADDRESS 2So. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 5 30M REV. 1/68



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3	3. SEX		4. RACE	S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS OAYS	IF UNDER 24 HRS.
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			or ar dates of service)	ha A	m B	does A	+ miles	oli hi
F	7	IR CALISE OF DEATH (Enter colu	y ane cause per line for (g), (b), and (c).		1/ /	PA	APPROXII	MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY: / // // //	nimil al &	1 illa	11/47	DETWEEN O	NSET AND DEATH
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		Conditions, if any, which gave		U		, ,		
		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
		last.	(c)					
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1	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	er) P.M.	9				
	W	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FAI	CTORY,) 21f. LOCATION Street or R.F.D.	Na. Cit	y or Town	County	State
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		22a. I certify that (I) (this	s hospital) attended the decease	ed from 19	67, tak	Dam, 1	968 , that	(I) (we) las
		saw the deceased al	ive on 7-7-7-1 (I) (we) (did) (did nat) view the	968, and that in (my) (aur) a	ipinian death	oxcurred on the	aare and hour	and from the
		22b. SIGNATURE	11/2/	1 10	MED	22	c. DATE SIGNED	10
		K. YAMM	1/1/4/11/2	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	9 lu	168
		27d. PHYSICIAN'S	the state of	22e. ADDRESS	. 0	0 1	200	
		NAME (Type)		J. Y.	niella	els. /	nd	
f	23o.	BURIAL CREMATION, REMOVAL (Specify)	41 4 4/	CEMETERY OR CREMATORY	23d. LOGAT	ION (City or Town)	(County)	(State)
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	24.	FUNERAL DIRECTOR	D ADDRESS		EB 1	1968 REGISTRAI	R'S SIGNATURE	wige.
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- (12)	1	01661 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- (IVI)		CERTIFICATE OF DEATH	01652
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P 2 P	3. \$	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years	FUNDER 1 YEAR IF UNDER 4 HRS. ONTHS DAYS HOURS MIN
in 24 hours aft		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1	M
ecuted within 24 h campletely filled in love carbon papers y event, within 72 t	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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ath ce nding p it. The	13	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WELLET ALIC Can emouse a 1 provided	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2625
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ICIAN: pital ar ritificate ad far u af Heall	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 19	n 18.)
G PHYSIC the haspi this certi detached	ME	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
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OR ATI be retai DIRECTO je 3 sha ed with		226. SIGNATURE Lieus from Harris on M. O. DEGREE PHYS. MED. DIRECTOR DIRECTOR PHYS. D	The L8
SPITAL 4 may VERAL (car, pag	,	22d. PHYSICIAN'S - NAME (Type) IHURS TON HARRISON 22e. ADDRESS Law Many laws	
TO HO Page To Full direct		REMOVAL (Specify) VAN. 23,1968 THIRD HAVEN MEETING EASTON 7,	(County) (State) ALBOT, Mo.
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	01664	DIVISION OF VITAL RECORDS, 3	STATE DEPARTMENT OF OF W. PRESTON STREET, BA RTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	04656
	DECEASED-NAME First (Type or print) FREDEI	Middle	lost AHL	2a. DATE OF DEATH Manth Doy	01656 2b. HOUR 1968 6 2N
3.	SEX Male	4. RACE White	S. DATE OF BIRTH June 18, 1	January 12, 6. AGE (In years last birthdoy) 901 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE (State or foreign untry) Sweden		MARRIED NEVER MARRIED UVORCED UVORCED	9. COUNTY OF DEATH Talbot Con	unty Md
C	city or town of DEATH Laiborne, Maryla	11. NAME OF HOSPITAL OR INSTIgive street address)		ISUAL OCCUPATION (Kind of wark dane g mast of warking life, even if retired.) Artist	12b. KIND OF BUSINESS OR INDUSTRY
	. USUAL RESIDENCE (Where decease nissian) STATE Maryland	LISH COUNTY	3c. CITY OR TOWN Claiborne 13d. INSIDE C		
14.	FATHER'S NAME First Andre	Middle Lost	IS. MOTHER'S MAIDEN NAM	Fredrickson	Last
16	yes, no or unknown) (If yes give war	D FORCES? r or dates of service) 355-07-6255	. 17. INFORMANT	Address aderson Remahl, Cla	
	PART I. DEATH WAS CAUSED IMMEDIAT Canditions, if any, which gove nise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	unes	ceriomotop	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	157Y	ONTIONS CONTRIBUTING TO SEATH BUT NOT	ORMED 20a. AUTOPSY?	OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CER	OR CONTRIBUTING CAUSE OF GEATH	HOUR A.M. Month Doy Yeor P.M. 19		inter nature of injury in Part 1 or Port 2,	
2	While Not while 220. I certify that (I) (this sow the deceased oli causes stated above)	s hospital) attended the deceased	and that in (my) (our)		County Stote Stote (I) (we) los one ond hour ond from the
(22b agnature 22d. PHYSIGAN'S NAME (Type) GUY	M, REESER, Jr., M.	Degree Attending Phys. 22e. ADDRESS' D. St.	MED. STAFF DIRECTOR PHYS. D	DATE SIGNED 12 168
4	D. BURIAL CREMATION, REMOVAL Specify) Jan	ate 23c. NAME OF CE Anatomy ADDRESS	METERY OR CREMATORY Board of Maryland 250. REG	23d. LOCATION (City of Town) 2 de l'inverse D BY REGISTRAR 25b. REGISTRAR'S	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01665 CERTIFICATE OF DEATH 01655 DECEASED-NAME Middle 2a, DATE OF OEATH BARBARA REPP 2b. HOUR-(Type or print) Manth - C Day ne fuperol arbara signed by the ottending physicion ond completely filled in by the <u>fur</u> burial-tronsit permit. Then please remove carban papers. Pages 1 burial, cremation, ar removol, ond in any event, within 72 hours after 6. AGE (In years last birthday) after 3. SEX 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIEO NEVER MARRIEO country) Baltimore U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDIE WORK AT HOME

INSIDE CITY LIMITS? 13e. STREET AND NUMBER give street address) INDUSTRY Easton ausel in 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY NO YES V Fazion Hanson 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Henry Repp Elizabeth Amend Miss Eva Elizabeth Gerstmyer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. IN U.S. ARMED FUNCES: Yes por unknown) 48 0926 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. OEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH O cheen OUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). OUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 5 - 5 , 19 66, ta 1 - 24 , 19 65, that (I) (we) last saw the deceased alive an 1 - 25 and that in (my) (sur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Stephan Carney Easton Maryland 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) B-REMOYAL (Specify) Baltimore Cemetery 2Sa. REC'D BY REGISTRAR SONS VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 01666 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01657 CERTIFICATE OF DEATH Middle 2g. DATE OF OFATH 2b. HOUR 1. DECEASED-NAME First death. (Type ar print) Month PIPE transit permit. Then please remave carban papers. Pages I crematian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In veors last birthday) MONTHS DAYS HOURS FEMALE. 6-23-1887 WHITE requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) .⊑ TALBOT U.S. WIDOWED A DIVORCED | France and campletely filled remave carban pape 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR EASTON give street address) during most of working life, even if retired.) **INDUSTRY** 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY DWITS? 13e. STREET AND NUMBER 13b COUNTY Dorchester admission) STATE NO T Cambri de e Oakley Terrace 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle and Carlin 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng_ar unknown) Mrs. Donald Winterling Cambridge Md 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2-3 ments IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) (b) atleasalette signed by the burial-transit MANY rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the b Health prior tab 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗔 YES 🗍 be retained by the haspital or 21o, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year State Dept. af (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work O FUNERAL DIRECTOR: After lan 1967, to 20 gan, 1967, that (1) (we) lost director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1-21-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) /23/68 Dorchester Mem. Park Cambridge Md. Dor. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 DATELL 24 30M REV. 1/68

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral est should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I and the with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR SE CONSEQUENCE OF Conditions, if any, which gave) (b) APPROXIMATE MIRRY AND DEATH ###################################			
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L OR AT be reto DIRECT of shifted with		22b. SIGNATURE ATTENDING DIRECTOR STAFF 12c. DATE SIGNED 12c. ADDRESS 22c. DATE SIGNED 12c. ADDRESS			
SPITAL 4 may IERAL or, pag Id be fil		NAME (Type R. Lane Wroth M.D. St. Michaels, Maryland 1/16 /68			
ro Hospital Page 4 may To Funeral director, pag	23a	BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Sherwood, Nd.			
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Maurice K Newson - Son Address Low, MA DATE AN 18 1968 256. RECIPIED STRAR'S SIGNATURE DATE OF TOWN MAN 18 1968			

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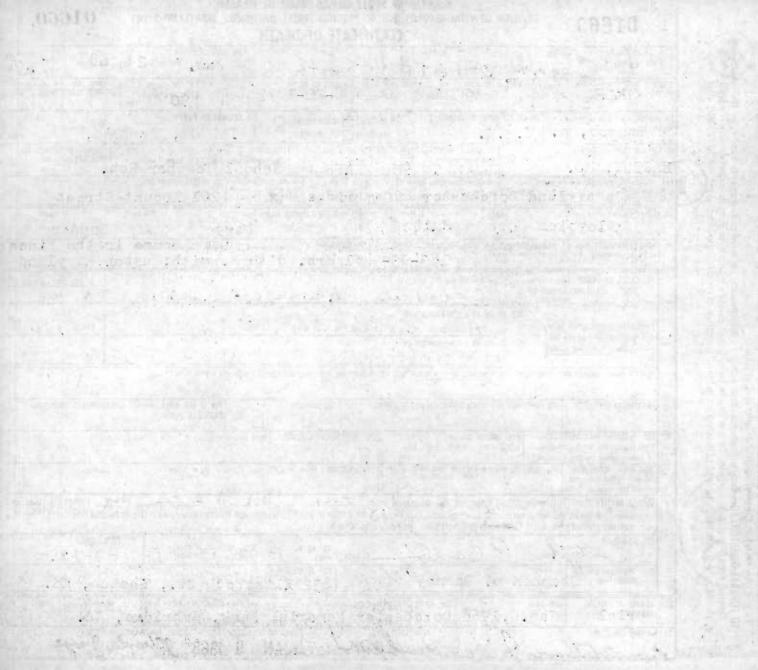
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2	01668 DIVISION OF VI	ITAL RECORDS, 301 W. PRESTON STREET, BALTII	
VI)	DECEMEND MANUE	CERTIFICATE OF DEATH	01659
6	DECEASED-NAME First (Type or print) TOHN	Middle Lost SMITH	20. DATE OF DEATH Month Doy Year 2b. HOUR
3.	Male 4. RACE White	s. DATE OF BIRTH April 16,	1883 6. AGE (In years IF UNDER 14 HRS. lost bathdoy) yrs. Months DAYS HOURS Min
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2 14	FATHER'S NAME First Middle James Smith	Lost 15. MOTHER'S MAIDEN NAME FIT Anna K11	rst Middle Lost Lmer
10	Vac an artistration (If was give war or dates of capital	66. SOCIAL SECURITY NO. 17. INFORMANT 161-09-4111A Norman Smi	
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X	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO Reart disease. Otrual S OPERATION WAS PERFORMED 200. AUTOPSY? YES NO	
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	While Not while of work	HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. FICE BUILDING, ETC.	City or Town County State
		ded the deceosed from, 19 19, and that in (my) (our) opin d not) view the body ofter death.	, to, 19, thot (I) (we) la lian deoth occurred an the dote ond hour and from th
A	226. SIGNATURE Robert W.		D. STAFF CECTOR PHYS. 22c. DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS	
AL.	BACHAG(Seedly) 23b. DATE 1-16-68	23c. NAME OF CEMETERY OR CREMATORY Greensboro	23d. LOCATION (City or Town) (County) (Stote) Greensboro, Maryland
5 (4)	FUNERAL DIRECTOR BOOK	ADDRESS 250 PEC D BY	REGISTRAR 25 COGISTRARS SIGNITURE & STORY

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MARYLAND STATE DEPARTMENT OF HEALTH 01660 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01669 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH Jan Manth 2 Doy 68reor (Type or print) ohr papers. Pages 1 hin 72 hours after 3. SEX S. DATE OF BIRTH 8-21-1877 requires that the death certificate be executed within 24 hours ofter 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MALE WHITE (ast birthdoy) HOURS 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MINEVER MARRIED country Bangor, Pa. filled in U.S.A. WIDOWED | DIVORCED TALBOT, EASTON 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind af work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired) School Teacher Ret. **INDUSTRY** remove corban ond completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13b Dorchester Cambridge YES NO 701 Locust Street and in ony 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Smith Aloysius Snyder Marv physician c 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Care House in the Pines Yes, naroz unknawn) (If yes give war or dates of service) 183-03-9471 Mrs. Edith M. Smith, Easton, Maryland buriol, cremation, or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) FRAARAL HEZZ HRTERIOSCLEROSIS DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove signed by the buriol-tronsit p MANY YR ARTRALIO SCLEROSIS rise to immediate couse (o), Page 4 may be retained by the hospital or attending physicion. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 3 should be detached for use os the with the State Dept. of Health priar to FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I **certify** that (I) (this hospital) attended the deceased from TULY, 1966, to 3, 1966, that (I) (we) last saw the deceased alive an 1968 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF director, poge 3 should be filed v -3-68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Stephen Carney NAME (Type) 632 Elizabeth St., Easton, Md. 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) (Caunty) REMOYAL (Specify) Jan. 6. 1968 Dorchester Memorial Park, Cambridge, Md. 2 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 DATAN 30M REV. 1/68



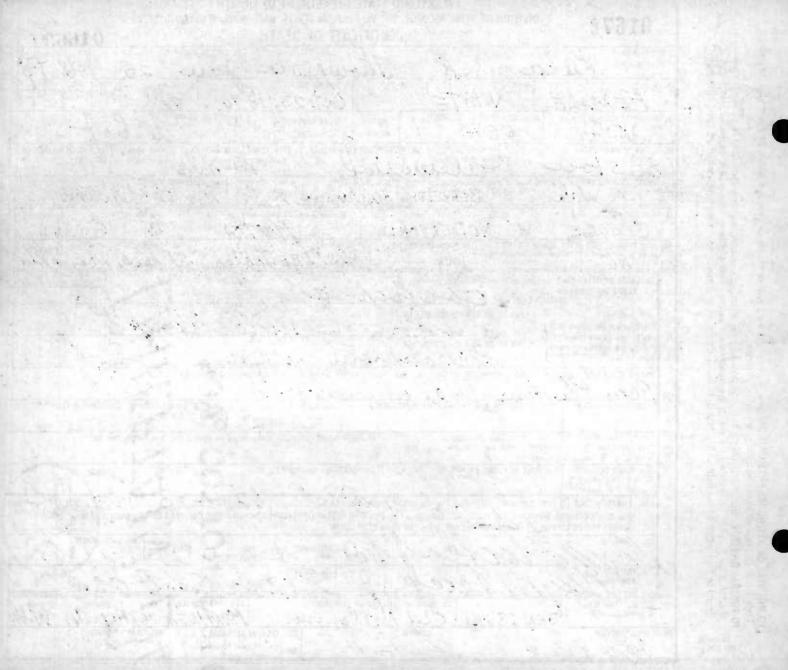
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01670 01661 CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death Doy20 Month] (Type or print) completely filled in by the funero ove carbon popers. Poges 1 and MAUD Yeor O SPARKT, IN ELIZABETHY signed by the attending physician and completely filled in by the fur buriol-tronsit permit. Then please remove carbon popers. Pages 1 buriol, cremotion, or removol, ond in any event, within 72 hours offer. 4. RACE 6. AGE (In years 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNOER 24 HRS. FEMALE WHITE last hirthday) 10/1/1877 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) USA WIDOWED M DIVORCED | TALBOT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
HOUS EWORK **INDUSTRY** EASTON 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 😿 FEDERALSB NICHOLS ROAD 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle FRANCIS M. PICKERILL MARGARET COATES 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) (If yes give war or dates of service) 216-09-3233 MISS LOIS SPARKLIN. FEDERALSBURG. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH I week IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from aug II, 1967, ta 20 m, 19 d, that (I) (we) last saw the deceased alive an 17 m, and that in (my) (our) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 1-21-68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 168 25b. REGISTRAR'S SIGNATUR **ADDRESS** VR A15 (4) 1968 25 DATE JAN 30M REV. 1/68

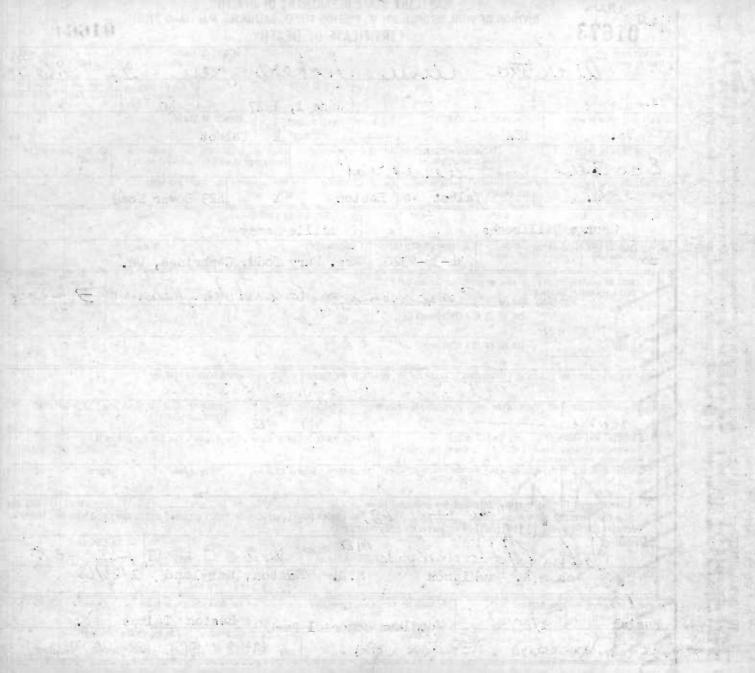
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01671 01662 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR death (Type or print) Fornera 4. RACE IF UNDER 1 YEAR offer burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. last birthday) in by the requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED remave carban papers. WIDOWED DIVORCED campletely filled ID, CITY OR TOWN OF BEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street oddress) **INDUSTRY** moria 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR FOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ANN 3b. COUNTY INGLESIDE YES NO XX 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle signed by the attending physician burial-transit permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) MRS NGLESIDE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STRFET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from... and that in (my) (our) opinion deoth occurred an the date and haur and from the saw the deceased ofive an.... causes stated obave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. 1-30-68 DEGREE PHYS 22e. ADDRESS EASTON MARYLAND 23d. LOCATION (City or Town)
CHURCH HIL 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE CHURCH 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68

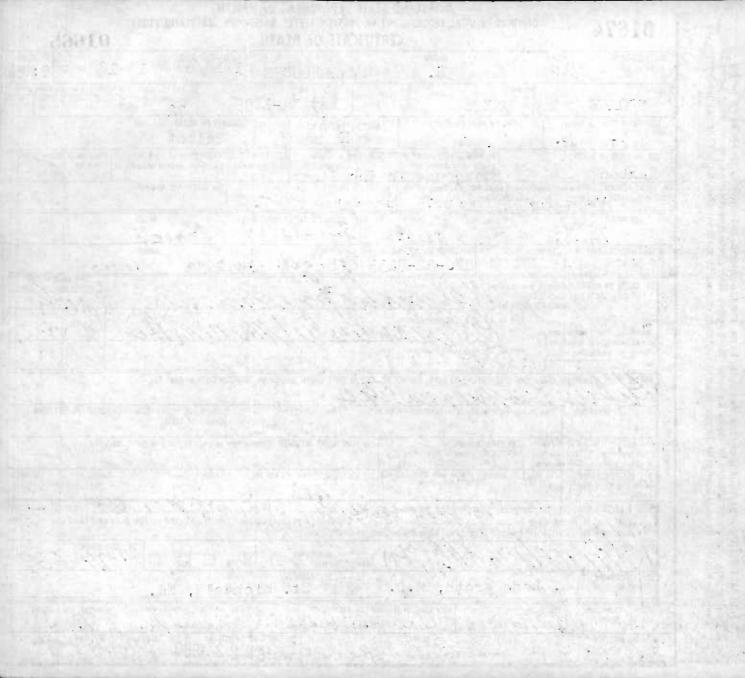
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		MARYLAND STATE DEPARTMENT OF		
4	01672 DIVISION OF	VITAL RECORDS, 301 W. PRESTON STREET, BA		
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	CEASED-NAME Pirst	Middle 1 Last	2a. DATE OF DEATH Manth Doy	Year / 2b. HOUR
	nuta	1 Juoupsou	- Jan 20	IF UNDER 1 YEAR IF UNDER 24 HRS.
3. 5	FEMALE WILL	5. Dayle of BIRTH		MONTHS DAYS HOURS MIN.
70.	SIRTHPLACE (State or foreign 7b. CITIZEN OF WH		9. COUNTY OF DEATH 1 0	
COU	try Wila, US!	7, WIDOWED DIVORCED	Late	of md
10.	ITY OR TOWN OF DEATH . 11. NA	ME OF HOSPITAL OR INSTITUTION (If nation haspital during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130	USUAL RESIDENCE (Where deceased lived, if instituti		MY MOMES	
adn		BERKELEYU MARTINSBURG YES	Too. Street this righter,	ACE SH
14.	ATHER'S NAME First Middle	Lost 15. MOTHER'S MAIDEN NAME		Lost
1/	WAS DECEASED EVER IN U.S. ARMED FORCES?	17/1/ER FOR D 17. INFORMANT	ThA J	GWINN
	es, no, or unknown) (If yes give war or dates of service)	UNK MRS, LEE T	ABLER. St MICHE	pls. Mcli
F	18. CAUSE OF DEATH (Enter only one cause per lin		7 110.16	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ochepia	ASSESSED FOR EVERY	
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	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(a)	
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CERTIFICATION	The condition for will	YES NO	CALISES OF DEATH?	ISIDERED IN CERTIFINO
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF	INJURY 21c. HOW INJURY OCCURRED (Er	iter noture of injury in Port 1 or Part 2, Ite	em 18.)
MEDICAL	or contributing cause of Death (If either, natify medical examiner)	Manth Day Year 19		
×	While Nat while \	AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. OFFICE BUILDING, ETC.	Na. City or Town	County Stote
	at wark at work 22a. I certify that (I) (this haspital) atte	ended the deceased from	67, to/-20 . 196	that (I) (we) las
	saw the deceased alive an causes stated above, (I) (we)(did)	2 and that in (my) (our) o	pinian death accurred an the date	e and haur and fram the
	22b. SIGNATURE	1 ~ .	22c. DA	ATE SIGNED
	Marilla UC	DEGREE PHYS.	MED. —DIRECTOR — STAFF PHYS. —	21-68
1	22d. PRYSTAN'S NAME (Type)	heefer & 22e. ADDRESS.	wichool "	nd
230	BURIAL CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATJON (City ar Tawn)	(County) (State)
	REMOVAL (Specify) JAN 23 19	68 Old Norbourne	MARTINSBURG BY	ERKELEY WIVA
24.	FUNERAL BURSETOR	// L MN JA	BY REGISTRAR'S S	IGNATURE
	IIVINIA delia	DATE DATE		// V





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01674 CERTIFICATE OF DEATH 01665 DECEASED-NAME First Middle Last burial-transit permit. Then please remave carban papers. Pages Land buriol, crematian, ar remaval, and in any event, within 72 hours after death 6 Month Doy 7 8 (Type or print) Yeor 60 JEAN S. WALLHOUSER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS May 14-1895 FEMALE WHITE YRS requires that the death certificate be executed within 24 hours. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED campletely filled in Talbot WIDOWED T DIVORCED DEOTLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12h, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY carban Easton House 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY-SHERWOOD YES NO ALBOI 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle and NEDDBN LIZABETH physician (HON7AS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknown) 220-32-9233 M/RS HARR MIDWA APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).) BETWEEN ONSET AND DE PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) WS A CONSEQUENCE OF DUE TO, OR Conditions, if any, which gove) signed by the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PARTA, OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from ta / 5 / (1) (we) last _1962, and that in (my) (our) apinian death accurred on the date and have and from the saw the deceased alive an_ (auses/stated abave, (1) (we) (did) (did not) view the bady after death. 221 SKINATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS Lane Wroth. M.D. NAME (Type) St. Michaels. Md. 230. BURIAL EREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) lächen 24. FUNERAL DIRECTOR **ADDRESS** 25o. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01675 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH filled in by the funeral a. COUNTY b. COUNT a. STATE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR 16WN (If outside carparote limits, write RURAL and give nearest tawn) write RURAL and give negres town) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d_NAME OF HOSPITAL OR INSULTUTION (If not in haspital, give street address) URSIN YES NO IV HOME with 3. NAME OF Middle 4. DATE Day Year attending physician and campletely permit. Then please remave torban DECEASED 19 (Type or print) DEATH" 9. AGE (In years IF UNDER 24 HRS. SEX 6. COLOR OR RACE OF BIRTH 7. MARRIED NEVER MARRIED irthdoy) Months Doys Hours and in any WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY WI Home MOTHER'S MAIDEN NAME 13. FATHER'S, NAME 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no of unknown) (If yes give war ar dates of service 10 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (2). signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been use as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0). be detached far use State Dept. of Health YES NO 20g. ACCOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (County) Hour a.m. factory, street, affice bldg., etc.) While Not While of work 21. I certify that (I) (this hospital) attended the deceased from and that death accurred saw the deceased alive an M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS -DIRECTOR director, page shauld be filed 22d. ADDRESS PHYSICIANS 22c. 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Tawa) (County) (Stote) REMOVAL (Specify) 0 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 20 M 1/66

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